

**DO NOT USE ALL CAPS when
completing this form. Use
regular sentence punctuation.**

COMMONWEALTH OF KENTUCKY
TRANSPORTATION CABINET

TC 31-26E
Rev. 07/2006

eMARS TRAVEL REIMBURSEMENT DETAIL

Agency: **C35**

Document Number: _____

Authorization: _____

Page 2 of	DATE	AGENCY NAME	
EMPLOYEE ID	TRAVELER'S WORK STATION		OFFICE PHONE
TRAVELER NAME	TRAVELER'S RESIDENCE		

MO	DAY	TIME OF		LOCATION	PRIVATE AUTO MILEAGE	TOLLS AND/OR PARKING	LODGING	SUBSISTENCE	TOTALS
		DEPARTURE	RETURN						
				From To			<input type="checkbox"/> SP	<input type="checkbox"/> SP B _____ L _____ D _____	
Purpose: _____									
				From To			<input type="checkbox"/> SP	<input type="checkbox"/> SP B _____ L _____ D _____	
Purpose: _____									
				From To			<input type="checkbox"/> SP	<input type="checkbox"/> SP B _____ L _____ D _____	
Purpose: _____									
				From To			<input type="checkbox"/> SP	<input type="checkbox"/> SP B _____ L _____ D _____	
Purpose: _____									
				From To			<input type="checkbox"/> SP	<input type="checkbox"/> SP B _____ L _____ D _____	
Purpose: _____									
				From To			<input type="checkbox"/> SP	<input type="checkbox"/> SP B _____ L _____ D _____	
Purpose: _____									
				From To			<input type="checkbox"/> SP	<input type="checkbox"/> SP B _____ L _____ D _____	
Purpose: _____									
If mileage claimed, was State car available? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Rode with another state employee.									
TOTALS FOR THIS PAGE									

Airfare Expenses: _____

Registration Fees: _____

Name of Conference/Symposium: _____

ENTER MILEAGE FROM ALL PAGES _____ (Miles) x _____ (Cents Per Mile)		
GRAND TOTAL EMPLOYEE REIMBURSEMENT		TOTAL OTHER EXPENSES
AIRFARE & REGISTRATION REIMBURSEMENT		TOTALS FROM ALL CONTINUATION PAGES
TOTAL TRAVEL REIMBURSEMENT		GRAND TOTAL EMPLOYEE REIMBURSEMENT

ORIGINAL

SP = See Purpose

**eMARS TRAVEL REIMBURSEMENT DETAIL
CONTINUATION PAGE**Agency: **C35**

Document Number: _____

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Page		of		DATE	EMPLOYEE ID	TRAVELER NAME				
MO	DAY	TIME OF		LOCATION		PRIVATE AUTO MILEAGE	TOLLS AND/OR PARKING	LODGING	SUBSISTENCE	TOTALS
DEPARTURE	RETURN	From	To					<input type="checkbox"/> SP	<input type="checkbox"/> SP B _____ L _____ D _____	
Purpose:										
				From	To			<input type="checkbox"/> SP	<input type="checkbox"/> SP B _____ L _____ D _____	
Purpose:										
				From	To			<input type="checkbox"/> SP	<input type="checkbox"/> SP B _____ L _____ D _____	
Purpose:										
				From	To			<input type="checkbox"/> SP	<input type="checkbox"/> SP B _____ L _____ D _____	
Purpose:										
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Purpose:										
				From	To			<input type="checkbox"/> SP	<input type="checkbox"/> SP B _____ L _____ D _____	
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				From	To			<input type="checkbox"/> SP	<input type="checkbox"/> SP B _____ L _____ D _____	
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				From	To			<input type="checkbox"/> SP	<input type="checkbox"/> SP B _____ L _____ D _____	
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				From	To			<input type="checkbox"/> SP	<input type="checkbox"/> SP B _____ L _____ D _____	
Purpose:										
				From	To			<input type="checkbox"/> SP	<input type="checkbox"/> SP B _____ L _____ D _____	
Purpose:										
				From	To			<input type="checkbox"/> SP	<input type="checkbox"/> SP B _____ L _____ D _____	
Purpose:										
				From	To			<input type="checkbox"/> SP	<input type="checkbox"/> SP B _____ L _____ D _____	
Purpose:										
						TOTALS FOR THIS PAGE				

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